Victoria General Hospital

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Annual Report

January 1, 1977 - March 31, 1978

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TO:

The Honourable Clarence Lloyd Gosse
M.D., C.M., F.R.C.S.
Lieutenant Governor of Nova Scotia

May It Please Your Honour:

I beg to present herewith the Annual Report of the Victoria General Hospital for the fifteen month period ending March 31, 1978.

Your Obedient Servant,

M. C. MacAskill
Minister of Health

Halifax, Nova Scotia
August 14, 1978

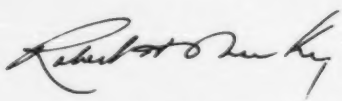
TO:

The Honourable Maynard C. MacAskill, M.D.
Minister of Health
Province of Nova Scotia
Halifax, Nova Scotia

Dear Dr. MacAskill:

On behalf of the Board of Commissioners, it is my pleasure to submit to you the 111th Annual Report of the Victoria General Hospital covering the period January 1, 1977 to March 31, 1978.

Respectfully submitted,



Robert A. MacKay
Chairman
Board of Commissioners
Victoria General Hospital

REPORT OF THE EXECUTIVE DIRECTOR

TO:

Mr. Robert MacKay, Chairman
Board of Commissioners
Victoria General Hospital
Halifax, Nova Scotia

Dear Mr. MacKay:

I have the honour of submitting the 111th Report of the Victoria General Hospital for the fifteen month period, January 1, 1977 to March 31, 1978.

Although there was a continuation of the restraint of expenditure program, another successful year in the operation of the Victoria General Hospital can be recorded. A high level of patient care was maintained and some programs were expanded and new programs added and all hospital personnel worked diligently and contributed in their own way toward quality patient care.

The Doctor D. J. Mackenzie Laboratories and Diagnostic Centre was opened. This centre was named in honor of Doctor D. J. Mackenzie, the first director of laboratories for Nova Scotia and one of the pioneers in establishing a laboratory service in the province.

Plans were being completed for the opening of a Lung Unit to be named in honor of Doctor C. J. W. Beckwith, long-time worker in the field of tuberculosis control in Nova Scotia. This unit received substantial financial support from the Nova Scotia Lung Association. Its development will be watched with interest.

The Admitting Department was relocated in a new and more spacious area.

The Coronary Care Unit was completely renovated and a new monitoring system installed.

The Cardiovascular Intensive Care Unit was enlarged from four to seven beds and the monitoring system upgraded.

Plans for the renovation of the Surgical Intensive Care Unit and the Medical Intensive Care Unit with replacement of the monitoring systems were progressing.

New quarters were provided for the respiratory technology training program in the Pavilion.

Doctor Brian Chandler succeeded Doctor F.G. Mack as President of the Medical Staff. As expected, high quality patient care was rendered by the medical staff. The contribution to the hospital by members of the various hospital and medical staff committees is greatly appreciated.

The redrafted Hospital and Medical Staff By-laws became operative July 1, 1977.

Doctors Mack and Chandler each served as members of the Board of Commissioners while holding the office of President of the Medical Staff.

Staff Changes

The Department of Gynecology

Doctor Carl Tupper resigned as Head of the Department of Gynecology, Victoria General Hospital, and as Professor and Head of the Department of Gynecology, Dalhousie University. He will continue as a member of the Active Medical Staff in the capacity of Senior Gynecologist. He was succeeded at the University, as Professor and Head, by Doctor John Collins, and Doctor Stewart C. Robinson was promoted to Head of the Department of Gynecology, Victoria General Hospital.

Doctor Tupper's contribution to the continuation of a well-organized and efficient department in the tradition of his predecessor, Doctor H. B. Atlee, is acknowledged.

Doctor Thomas Marrie was appointed to the Department of Microbiology and the Department of Medicine.

In the Department of Neurosurgery, Doctor H. Malik resigned his appointment and returned to his home in India. Doctor R. Holness was appointed to the active staff of this department.

Doctor R. F. Hand retired from the Department of Ophthalmology and was appointed to the consulting staff.

Doctor Josephine Candy resigned her position in the Department of Anaesthesia to return to Kuwait where she had previously practiced. Doctor Richard McLaren was appointed as an Assistant Anaesthetist in this department.

Nursing Service

Mrs. Marlene Grantham, R.N., M.Sc. (A), assumed the position of Director of Nursing Service on January 1, 1977 and, under her direction, the nursing service provided for the patients left nothing to be desired although at times it was particularly difficult, especially during the summer months when it was a problem to maintain the quantity, as well as the quality, of service due to the shortage of nurses.

A serious effort will have to be made to assure the availability of nurses in Nova Scotia so that hospitals can operate at capacity 12 months of the year. Bed closures are very disrupting for patients as well as for hospitals and doctors.

School of Nursing

Under the guidance of Mrs. Jean Magee, R.N., B.N., the School of Nursing completed a successful year in the student nurse training program. A total of 96 nurses received their diplomas and there were 107 students enrolled for the 1979 Class.

The Allied Health Schools all had a very successful year and a total of 31 students graduated in the following programs:

Diagnostic Radiology	11
Nuclear Medicine	3
Cytotechnology	8
Radiotherapeutic Technology	1
Respiratory Technology	8

Many people are inclined to think of the hospital's contribution tc education of health personnel being in the realm of medical students, interns, residents and student nurses. However, we do have at the Victoria General Hospital a number of other schools of training for allied health personnel: for example, Radiology Technicians, Respiratory Technicians, Nuclear Medicine Technicians, Dietetic Interns, Pastoral Training Courses for Chaplains. In addition, clinical facilities and training are provided for the student nurses from the Dalhousie School of Nursing, certified nursing assistants from Dartmouth Vocational School, Physiotherapy and Occupational Therapist trainees, as well as dietetic interns.

Personnel

Mr. Willis Rudy, B.A., D.H.A., who was Assistant to the Executive

Director, transferred to the Department of Health and his services were greatly appreciated and greatly missed.

Mr. John Theriault, B.A., B.Comm., D.H.A., joined the Administrative Staff as an Administrative Assistant.

Dietary Department

The Dietary Department continues to operate a very efficient service in addition to provision of food nutritionally and therapeutically suited to patients. The Department expanded its involvement in the clinical services, particularly in therapeutic and teaching service for patients.

The 1977 winner of the General Foods Award for excellence in writing and broadcasting nutrition was Ms. Rita Mulroney, Assistant Director Dietetics, Clinical Nutrition and Education.

The dietary staff participated in a program called Nutrition Days and also in the Hospital Day exercises and in both programs the objective of their participation was to create a public awareness of nutrition as a significant factor in the maintenance of health.

The Dietary Department assumed added responsibilities for the provision of food service from the Victoria General Hospital to the patients and staff in the Nova Scotia Rehabilitation Centre, which opened in June 1977.

Once again, all service and support departments of the Hospital cooperated to the fullest in contributing to the welfare and care of the patients.

Special thanks are extended to the Hospital Auxiliary for its untiring efforts and substantial contribution to the Hospital and its patients.

The Chaplaincy Service contributed to the temporal and spiritual welfare of the patients and can be counted upon to extend a large measure of support to family members and hospital staff. Rev. R. J. Stokoe continued to carry out the pastoral training care program which is now in its tenth year.

The support and cooperation of the various divisions of the Government Employees Association and the Branch of the C.B.R.T. and G. W. is once again acknowledged.

I would like to extend my appreciation to the Honourable Minister of

Health, and his Deputy Minister, Doctor Peter Nichols, and other members of the Department of Health for their cooperation.

A special word of thanks to Mr. D. J. Power, Deputy Minister of Public Works, and Mr. S. J. Rudolph, Civil Service Commissioner, and their respective staffs for their kindness and cooperation. Many other departments have contributed to the success of our hospital operation and to them I extend our thanks.

As usual, the Board of Commissioners extended generous support and cooperation and, through you, Sir, I would like to express thanks to them.

All of which is respectfully submitted,

M. R. Macdonald, M. D.
Executive Director

STATISTICAL SUMMARY:
January 1, 1977 - March 31, 1978

Bed Capacity		806
Total Admissions		23,762
Average Daily Occupancy		86.2%
Average Days Stay		13.2
Total Patient Days		314,799
Emergency Department - visits		54,106
Out-Patients Department - visits		58,532
Ambulance Calls		6,867
G.I. Function - Lab. Tests Performed		1,254
Endoscopy Procedures		1,309
Electromyograms		1,126
Electroencephalograms		2,674
Electrocardiograms		35,243
Ambulatory Monitoring		504
Stress Exercise Lab. Procedures		917
Echocardiograms		1,249
Cardiac Catherization Lab. Procedures		1,321
Respiratory Technology - Patients Treated		6,781
Pulmonary Lab. Tests		1,145
Blood Gases Lab. Tests		36,914
Chronic Renal Dialysis		3,057
Acute Renal Dialysis		254
Home Dialysis:		260
Number of Dialysis Performed		3,311
Occupational Therapy - Patients Treatments		8,928
Physiotherapy - Treatments		67,515
Microbiology - Specimens examined		257,689
Pathology:		
Autopsies - Hospital cases	521	
- Medical Examiner Cases	274	
- Referred in	5	800
O.R. Quick Sections		944
Surgical Cases - Hospital In-Patients	20,717	
- Referred in cases	4,492	
- Consultations	846	26,055
Cytology		
- Hospital cases	4,599	
- Referred in	92,160	
Haematology Tests		676,434

Clinical Chemistry Tests		
- Hospital Tests	1,915,619	
- Referred in	215,623	2,131,242
Diagnostic Radiology Examinations		179,943
Radiation Oncology - Treatments		33,552
Pharmacy Prescriptions Filled		131,508
Dietary Department - Meals served		2,606,450
Audio-visual		
-photos, slides and transparencies		6,453
Sterile Supply Service		
-trays, sterilizing services		2,337,534
Laundry Department - lbs. processed		5,325,662
Oral Surgery - Procedures done		18,597
Anaesthetics Administered		28,709
Number of Operations		29,213
Social Service - Units of Service		45,117
V.O.N. - In-Patient Referrals	1,278	
- Out-Patients - Clinic Follow Up	435	1,733

BOARD OF COMMISSIONERS

Mr. Robert MacKay, Chairman
Dr. C. B. Stewart
Mr. Ted Rawding
Mr. David Zive
Mr. W. Murray Gould
Mr. William G. McNeil
Mr. Fred Robinson
Mrs. Mary Cooley (Donald)
Mr. Daniel White
Dr. B.M. Chandler

ADMINISTRATIVE STAFF

M. R. Macdonald, M.D., C.M., D.P.H., F.R.C.P.(C), Executive Director
William M. MacRae, M.D., C.M., Co-ordinator, Emergency Medical Services
D. M. McNaughton, C.D., B.A., M.H.A., Administrative Director
J. C. Theriault, B.A., B.Com., D.H.A., Administrative Assistant
C.F. Matheson, Director Special Projects
H.J. Churchill, Director Accounting & Staff Services
Mrs. M. Grantham, R.N., M.Sc.(A), Director of Nursing
Mrs. Ruth Dennison, R.N., B.N., Associate Director of Nursing Service
Mrs. J. Magee, R.N., B.Sc.N., Director, School of Nursing
R. E. Buckley, B.Sc., Personnel Officer
Miss J. A. Stewart, B.Sc., P.Dt., Director, Dietetics
Miss M. T. Gillis, R.N., B.Sc.N., Administrative Assistant, Department of Medicine
Sheila Ross, R.N., B.N., Supervisor, Emergency Department
Mrs. G. I. Grant, R.N., B.Sc.N., Supervisor, Out-Patient Department
R. H. Arthur, B.E.E., Plant Engineering
W. C. Houlihan, Co-ordinator Materiel Support Services
C. H. Northup, Fire, Security, and Communications
Miss K. Kinley, Ph.C., Chief Pharmacist
Miss P. MacDonald, B.A., Dip.S.W., M.Sc.(Soc. Adm.), A.C.S.W., R.S.W., Director, Social Service
Mrs. D. Bruneau, R.N., B.N., Co-ordinator, Diagnostic Services
Mrs. C. McCarthy, BScN, R.N., Chief Operating Room Supervisor
Mrs. C. Parnell, C.C.H.R.A.(C), Head, Medical Records Department
Mr. J. Furness, Supervisor, Admitting & Discharge Department
Mr. F. Oram, B.Sc., M.L.S., Health Sciences Librarian and Audio Visual
D. T. Janigan, M.D., Head, Department of Pathology
J. H. Cooper, M.B., Dh.B., F.R.C., (Path), F.R.C.P.(C), Deputy Head, Pathology

M. A. MacAulay, M.D., F.R.C.P.(C), Acting Head, Department of Pathology
T. Hingmarsh, M.D., F.R.C.P.(C), Acting Director, Clinical Chemistry
H. C. Read, M.D., D.M., F.A.C.P., F.R.C.P.(C), Director, Haematology
G. H. Anderson, M.B., B.S., Assoc. Director, Cytology
K. R. Rozee, M.Sc., Ph.D., Dip. Bact., Head, Microbiology
R. S. Faulkner, M.Sc., Ph.D., Director, Virology
R. S. Martin, B.Sc., Ph.D., Dip.Bact., Director, Public Health Bacteriology
Rev. E. Fiander, Co-ordinator, Chaplaincy Services

DEPARTMENT OF ANAESTHESIA

The department continued its level of activity about the same as in 1976: a busy clinical service that never quite caught up to the ideal number of staff. Our caseload was almost identical with the previous year, although we added two anaesthetists in January and one left in July.

Our educational efforts appeared to gain both in quality and in breadth, with a majority of staff members involved. There was the beginning of renewed activity in research.

One significant change over the last several years was that more staff anaesthetists than ever before were participants in administrative affairs, and on committees for hospital, medical school, provincial and national societies. We have finally come out of our "service only" attitude to become involved in the professional world around us.

The volume of clinical services rendered during the 15 months was the administering of a total of 27,649 anaesthetics; the numbers performed during the 1977 year was almost identical to the number of anaesthetics performed the previous year, 1976.

A more systematic monitoring of the Operating Rooms available time by the O.R. Supervisor and the medical staff coordinator certainly improved the flow of cases that could be efficiently handled by the O.R. staff.

A reorganization of the management of the critical ill surgery patients in the Intensive Care Unit certainly improved and further improvement will be realized when the unit on 3A has been completely renovated.

The staff's Educational Director has improved the educational program for medical students, internes and residents assigned to the Department from time to time. In respect to the resident staff, it is noted that more Dalhousie and Canadian medical graduates are choosing anaesthesia as a specialty with good career opportunities.

Staff have been very involved in the teaching of Cardio Pulmonary Resuscitation to a widening spectrum of nursing, medical and lay people.

The Department has redeveloped a clinical investigation program besides the trend of staff members becoming more involved in committee and organizational responsibilities pertaining to the administration of the affairs of the Department.

THE VICTORIA GENERAL HOSPITAL AUXILIARY

The Auxiliary has a membership of over 100 men and women, with affiliated groups and non-member volunteers, bringing the number to approximately 350 people. In-service volunteer work amounted to 5,000 hours during this period. This does not include an undetermined amount of time spent in the preparation of fund-raising projects and handcraft production for our sales.

The President, Mrs. Margaret MacLennan, presented a prize to a nursing graduate at the combined graduation exercises. Funds are provided for indigent patients for "comforts" when requested.

Despite the increased price for coffee, we continue to provide a "coffee break" free of charge to outpatient clinics and the Emergency Department five mornings weekly.

The beauty salon and barber shop, which are considered therapeutic services, are maintained and subsidized by the Auxiliary, operating five days a week.

A lending library cart operates as often as volunteers and magazines are available. Donations of magazines and pocket books are necessary to give choice and variety as we have very few returned to us.

Our Chapel Committee continues to oversee the basic fundamentals in the Ecumenical Chapel and provide flowers for special occasions.

Patient contact is achieved by our Visiting Committee who perform extra services, i.e., shopping, writing notes, telephoning, etc., when requested. Also, by our flower delivery and mobile gift cart and library. All are appreciated by patients, especially those from out of town and confined to bed.

Revenue is derived from our spring coffee party, Kris Kringle's Korner Bazaar, sale of Atlantic Lottery tickets, cookbooks and candy. The operation of the coffee shop and gift shop and sale of flowers are the main source of our funds, which are used primarily for our commitment towards the E.M.I. Scanner. These business projects continue to function successfully under the supervision and guidance of Mrs. W. H. Bennett, Executive Director.

This year, 1978, is the 20th anniversary of the Auxiliary and, to mark

the beginning of our celebrations, an ecumenical service was held in the Cathedral Church of All Saints in January.

We take this opportunity to thank the Administration and Staff of the Hospital for the co-operation and support we have received in the past, and trust and hope this "team effort" for the benefit of the patient will continue in all our joint endeavours in the future.

DEPARTMENT OF BIOMEDICAL ENGINEERING

The Biomedical Engineering Department is responsible for the maintenance, safety and accuracy of the electro-medical equipment in the Hospital. The department performs safety checks on all new electro-medical equipment entering the Hospital before such equipment is placed into service. Checks are also made on the condition of the isolated power systems used in the operating theatres and intensive care areas.

During the year, the Biomedical Engineer acted as consultant to the Department of Health in the field of biomedical engineering. Advice was given on the safety requirements for power systems used in hospitals. The Biomedical Engineer also provided consultation regarding purchasing guidelines for new electro-medical equipment for various hospitals within the province.

In late 1975, the Department began an intensive routine maintenance program. This was continued in 1976 and 1977. In 1976, 900 instruments were included in this program while by 1977 this number rose to 1,353 instruments. During 1977, over 1,200 repairs were performed on the instruments, an increase of over 150 per cent from 1976. This was due to the replacement of many of our older instruments in 1976 and 1977. Newer instruments tend to be much more complex than the older units and, consequently, tend to have a higher failure rate.

During the year, 75 off-duty emergency calls were made by the technologists. This was only a slight increase over the 1976 figure of 70.

An additional three beds were added to our Cardiovascular Post Operative Recovery Area during 1977. This involved extensive building renovations and replacement of the monitoring equipment in the area with new equipment. This proved more economic and efficient than expanding the old system up to seven beds. The year also saw the addition and replacement of 12 operating room monitors for general use to two 5 parameter units intended for cardiac surgery.

CHAPLAINCY SERVICES

In the past year several changes in the personnel of the Chaplaincy Service occurred, and our staff has increased by one. The members continued to carry out the objectives which have as their chief focus a major concern for the total well-being of persons committed to the care of the Hospital. To this end, the chaplains have made many initial visits, follow-up visits, and pre-surgery visits. Chaplains have responded to referrals from hospital staff, family members, and parish clergy. They have contributed to case conferences and in-service teaching groups and have participated in or conducted orientation sessions with new hospital staff. Chaplains continued to coordinate and conduct religious services in the hospital, to administer sacraments, and to provide liaison with churches and religious leaders in the larger community.

The weekly meetings of the Chaplaincy Service have continued; a major focus was on the system by which chaplains are being informed that persons of their denomination have been admitted to hospital.

Another focus was the preparation of materials for the questionnaire and policy statements required by the new section in the "Guide to Hospital Accreditation" of the Canadian Council on Hospital Accreditation. This new section is entitled "Pastoral Care".

In the new year Chaplaincy Service will have, as a priority, the implementation of a provision for improved notification to chaplains of persons who become seriously ill while in hospital, of persons who receive a diagnosis of a serious illness or disease, and of a death. The Chaplains shall also work closely with the Emergency Department and the Intensive Care Units in an effort to help meet the spiritual needs of those admitted to those units.

The members of the Chaplaincy Service appreciate the very helpful and supportive relationships with members of the various departments of the healing team and the hospital administrative personnel.

ANNUAL REPORT
Doctor D. J. Mackenzie Laboratories and Diagnostic Center
[Period July 4, 1977 - March 31, 1978]

For a number of years, the Victoria General Hospital has been experiencing space problems in the diagnostic services areas of the Hospital

due to increasing volume of both inpatient and outpatient demands. The most acute areas were in the Departments of Diagnostic Radiology and Electrocardiography (ECG). Because a high proportion of the examinations in both departments were outpatients, a logical approach to alleviate the problem was to syphon off some of the outpatient X-ray and ECG work to a location that was convenient for the public, while at the same time, providing relief for these overcrowded areas.

In addition, a referral clinic for improved detection and early diagnosis of breast diseases was to be established.

On July 4, 1977 the Centre opened with a staff of 11 members, on the first floor of the Pathology Institute Building, adjacent to the Laboratory Specimen Collection Centre. The formal opening was held on **October 12, 1977,** in the main lobby of the Pathology Building. The Pathology Institute was renamed the **Doctor D. J. Mackenzie Laboratories and Diagnostic Centre, Victoria General Hospital** in honor of Dr. D. J. Mackenzie, first Director of Laboratories, Department of Health, Province of Nova Scotia. Officiating at the opening were: Dr. Maynard MacAskill, Minister of Health; Mr. Robert MacKay, Chairman of the Board of Commissioners; Dr. M. R. Macdonald, Executive Director. Dr. D. J. Mackenzie was present as honorary guest. A plaque was unveiled to commemorate Dr. Mackenzie's years of service.

The following briefly describes the services of the Centre.

Diagnostic Radiology Service

Newly-automated day light system was installed. The equipment decreased the length of time to develop films, resulting in decreased waiting time for patients. Waiting periods for doctors to obtain appointments is approximately three days as opposed to two to three weeks. These facilities were planned to accommodate twice the present volume of services rendered.

Walk-In Chest Program

A non-booking walk-in chest program was made available on **October 14, 1977** with an automated system which has the capacity of accommodating 100 patients daily. Using March as a guide, it is projected that 12,000 chest X-rays will be done in 1978.

Early Detection of Breast Disease [Mammography]

This service was relocated at the Diagnostic Centre from Main Diagnostic Radiology Department. Thermography and Zerography units were added. An existing backlog of six weeks was soon reduced to one week.

A specialty clinic involving special procredures and consultations for referral patients is being planned for early detection of breast disease. A comprehensive diagnostic approach is required and includes mammography, thermography, zerography, physical examination and consultation.

Clinics

Respirology, Special Cardiac, Cardiac Follow-up, Cardiovascular and other clinics have chest x-rays and ECG's procedures done in the Diagnostic Centre and patients are seen later in the day in the Out-Patient Department, Jubilee Building.

Electrocardiology-ECG Service

Presently, 5,000 ECG's are being performed (projected figure on basis of present procedures). The capacity to do 20,000 yearly is possible on an expanded basis. This service has the capabilities of accommodating four times the present workload.

Summary

The objective of the Diagnostic Centre appears to have been realized. Patient flow from the various services runs smoothly with little waiting time involved. Congestion at the two major departments has been greatly reduced.

Statistics show that during the period there were a total of 12,913 visits; General Radiology 4,228; Chest 4,582; Mammography 927; Thermography 844; Electrocardiography 2,090 and Respirology Clinic 69. There has been a steady monthly increase in the number of examinations provided since the unit was opened.

DIETARY DEPARTMENT

Again, the Department of Dietetics has worked to provide food nutritionally and therapeutically suited to the requirements of patients

and staff.

Our staff complement for 1977 was 250 employees, which included 14 dietitians.

Meals served during the fifteen month period were as follows:

Outpatients	3,913
Diabetic Day Care	2,650
Scotia Room & Special Luncheons	1,129,485
Inpatients	1,175,673
Total	2,311,721
Nova Room transactions	236,405
Rehabilitation Centre transactions	27,489
Operating Room transactions	35,883

Of the 1,175,673 inpatient meals served, special diet trays numbered 221,654 and diabetic diet trays numbered 61,263.

Clinical Services

In addition to regular clinical loads, some dietitians have been able to study special problems.

In the Cardiovascular Unit, in order to cover all patients with the nutritional support and teaching that is required, weekly group classes have been set up to teach the basics of nutrition care.

Arthritic group classes are being given every five weeks emphasizing "an arthritic's way to an easier day". A booklet covering grocery shopping, meal preparation and clean up has been prepared for distribution.

Nutrition Clinic has developed and is using behaviour modification techniques. A brief study of liquid protein sparing fast was conducted in conjunction with patient's family physician.

The Renal Unit Dietitian has completed "A Folate Study for Hemodialysis Patients".

Protocols for the nutritional support of the burned and the cancer patient have been established for use in the Burn Unit and the cancer patient area. The latter has been designated the Chemo Diet.

H.S. Nourishment System: In order to save on staff a new and equally efficient high nourishment system has been implemented.

General Foods Award: The award was created by General Foods Limited in 1975 to encourage excellence in writing and broadcasting nutrition. The 1977 winner was Rita A. Mulroney, Assistant Director of Dietetics, Clinical Nutrition and Education.

Student Dietitians: Students continue to add to the Department of Dietetics. They prepared administrative procedure manuals for the Nova Room operation and the Rehabilitation Contract Service.

Nutrition Days: February 15 & 16, 1977: Objectives were to expose staff and visitors to current nutrition information and to generate an awareness of nutrition as a significant factor in the maintenance of health.

Display topics were: Hyperalimentation, Weight Reduction, Fad Diets, Alcohol and Nutrition, Fats and Fallacies.

Many tours and lectures, as well as a mobile teaching unit, all helped to accomplish the objectives that were established for the two days.

Most of the dietitians were able to attend seminars and workshops as part of the Department's Continuing Education program.

Several of our staff participated in Community Education sponsored by local radio and television stations.

Special Staff Member: Mrs. Alleyne Murphy, from Mount Saint Vincent University, chose to spend her sabbatical year in our department as consultant in the methodology and writing of ongoing research in the Therapeutic Units.

DEPARTMENT OF GYNECOLOGY

This year, most of the statistical information has been gathered by using the PAS reports provided by the Medical Records Department. It was felt that the department should use the information provided by this service rather than gathering the information by hand and duplicating what is already being provided. Accordingly, there may be minor changes in the form of the report in relation to previous years.

By analyzing the data provided by PAS, we are able to watch very closely such important utilization items as length of stay, bed occupancy rate, emergency admissions, consultations held, distribution of operative cases and mortalities. We are not able, from this source, to provide morbidity data.

A clinical meeting is held weekly and cases of interest and problem cases are discussed as they occur on the service. This includes cases of morbidity and complication. Furthermore, we have commenced making an analysis of various important or frequent procedures so that a proper evaluation of current experiences can be made and presented to the department for discussion.

Based on current experience, it appears that nine of the private beds and 25 of the teaching unit beds are used for tertiary care patients. The use of the other beds is for community service patients and teaching requirements.

We have analyzed the average length of stay for the patients on this service and also the length of stay for a number of specific operative procedures and compared these with other surgical services. We have been able to maintain a relatively rapid turnover rate and, as a result, the bed occupancy rate fluctuates from time to time. Nevertheless, there has been rather a long waiting list for some non-urgent cases and steps have been taken to arrange a more flexible admission policy, so that our beds can be fully utilized and waiting lists kept to a minimum.

The remarkable growth in frequency of out-patient surgical procedures is documented and this, of course, has resulted in a steadily increasing workload in the operating room. This has been most valuable from the point of view of education in that residents and others are being trained in the proper and safe use of short term surgical procedures for ambulatory patients, thus providing better patient care at less cost.

In general, the clinical experiences available to medical students, interns and residents on this service are sufficiently varied to provide the necessary educational opportunity.

During the past year there has been minimal effort in research and review of procedures carried out on this service. However, recently several study projects have been instituted and more will be developed as time goes on.

The Division of Gynecological Oncology continues to operate a very efficient tumor service in conjunction with the tumor clinic. It is gratifying to note the continuing collaboration with the division of radiation therapy. The Tumor Clinics, Disposition Clinics, Colposcopy Clinics are all functioning smoothly. Furthermore, all new tumor cases are documented carefully and data is recorded by computer so that it can be retrieved for study and analysis in the future. This project is now into its 2nd year and

is functioning efficiently. The Trophoblast Referral Project has the largest local collection of data on this subject in the country and continues to grow in a remarkable manner. Good collaboration with community hospitals and physicians has made this project so successful.

Members of this department have played an active part in the various hospital committees and we also acknowledge gratefully the cooperation given this department by other units of the hospital, including nursing, administration and other medical departments. We wish to acknowledge the assistance of the Medical Records Department who are providing reliable data on an ongoing basis as well as extracting charts for studies and reviews.

HEALTH SCIENCES LIBRARY

During this period a total of 565 new new books was acquired; 211 for the Library and 491 for the various Departments. A total of 39 new journals was acquired; 16 for the Library and 23 for the various departments.

There was a considerable increase in the monthly average basis for user services: interlibrary loans - 142, photocopies - 2,400, literature searches - 11 and reference inquiries - 241.

The main problem of the Health Services Library continues to be inadequate space, which can only be resolved by finding another location.

We have also noticed an increasing number of requests from the general public for literature on various medical subjects which we cannot accommodate as we cannot make the facilities available to the public.

It is noted in other areas of the Hospital that patient education is being encouraged to the point where the Library may have to assume a new role in the program.

AUDIO VISUAL DEPARTMENT

It is becoming more difficult to cope with the increasing demands for services with our present approved staff complement. We trust that, somehow or other, despite the financial restraint program that has been implemented, additional funds will be made available to meet those demands.

The 15-month period, January 1, 1977 to March 31, 1978, saw the Department experience an increase in the volume of services rendered, which is summarized as follows:

Number of requisitions	753
Number of patients	377
Number of black and white negatives processed	1,402
Number of colour transparencies	1,661
Number of black and white prints	589
Number of overhead transparencies	1,671

MATERIEL SUPPORT SERVICES

General

The restraint of expenditure program did not appear to have an adverse effect on the support provided by Materiel Support Services.

Final plans for the implementation of an updated inventory control system utilizing an "in house" computer was made with change over being effected as of March 31, 1978.

Inventory Control

Phase I of the computerized inventory control system has been completed and commenced April 1, 1978.

Stores

Warehousing space is still inadequate, making it difficult to provide effective support to hospital departments.

Departmental requisitions processed were 45,666.

Printing and Duplicating

A new cutting machine was installed in the print shop during the year which has improved production. The total number of impressions made during this period was 8,415,246.

Porter Escort Service

Continued improvement in the Porter Escort Service is noted. A very busy area in the system is the mail room where 1,159,393 pieces of mail were looked after by the staff. Additional responsibility was given to the Porter Escort Service with the opening of the Rehabilitation Centre.

Laundry

During this period heavy demands were placed on the laundry due to the constant high number of surgical procedures carried out in the Operating Room and the high peaks in special nursing units such as the Burn Unit.

The overall production in the Laundry was increased at the time the new Rehabilitation Centre opened.

MEDICAL RECORDS DEPARTMENT

Mrs. Carolyn Parnell was appointed Head of the Medical Records Department in 1977. During the reporting period the Medical Records Department processed the records of 30,706 patients. Some improvement was made in the physical setup of the Medical Records Department, but adequate space still remains a problem.

The Medical Records Committee worked to develop policies regarding completion of medical records by the medical staff and the new policy seems to be very effective in reducing the number of incomplete records.

At this date plans are being made for a new central dictating system to be installed in the Hospital, which should greatly facilitate dictation of medical reports and improve the efficiency of the medical stenographers.

In summary, 1977 has been a year of progress.

DEPARTMENT OF MEDICINE

Clinical Service

Total discharges and emergency admissions were similar in 1976 and 1977. Total days of patient care, average days stay was up by 4.8 and 4.5 per cent respectively. There was an 11.4 per cent increase in visits to the ambulatory care clinics.

There were slight increases in the number of patients seen in the ambulatory care clinics. Services provided by the various diagnostic and special patient service units of the Department of Medicine show a significant increase in most areas over 1976.

In March, 1977, renovations to the CCU were completed. These renovations increased the bed capacity to 14 from 10 although nursing staff for only 10 beds was provided. A new laboratory in 3A was provided for Echocardiography and a two dimensional echocardiographic instrument purchased.

During the year, the second Cardiac Catherization lab. came into full operation. The purchase of Holter Monitoring Equipment was completed and technicians trained to provide this for service on a provincial basis. An ambulatory ECG service was provided in the MacKenzie Diagnostic and Laboratories Building, eliminating the waiting period for out-patient ECG testing.

Dr. Meng H. Tan was appointed Director of the Diabetic Day Care Center. A new program for education of diabetes was developed. An additional nurse educator joined the clinic. Plans were completed to move the Diabetic Day Care Center to larger quarters in the Jubilee Building.

The Division of Respiratory Medicine began ambulatory clinics in the MacKenzie Building. All the major equipment for the pulmonary function laboratories was replaced and arrangements were made to take over many of the clinical responsibilities of the Atlantic Health Unit in Tuberculosis Control and Care.

The General Medicine services on 8 Victoria (Firm I and III) were combined to form a Multispecialty Service of 25 beds and Dr. Robert M. MacDonald became Coordinator. This created three general medical services in the Department, those on 4 North, 4A, and 8 Victoria. A Neurologist was assigned to this unit increasing Neurology beds from 15 to about 20.

An Infectious Disease service was established under Dr. T. J. Marrie, Chief of Service.

In September, the School of Respiratory Technology was moved to larger and improved facilities in the Pavilion. This permitted planning for construction of the Beckwith Lung Unit and for improvements to the G.I. Unit in early 1978.

Staff Changes

Dr. D.R.S. Howell retired as active staff but continued on the consulting staff. Dr. J.R. Rae and Dr. F.A. Davis resigned. Dr. G.A. Klassen, Dr. T.J. Marrie, Dr. Ronald T. Tanton, Dr. D.J. MacIntosh, Dr. Helen Holden and Dr. D.P. MacMahon were appointed to the staff.

DEPARTMENT OF MICROBIOLOGY

The Department is continuing to evolve in the manner outlined in our previous annual report (1976). The changes in the Administrative and Laboratory division introduced last year have proven to be very useful.

We welcome the addition of Dr. T.J. Marrie to our ranks and look forward to a productive interaction between Dr. Marrie, whose interest and learning is in Infectious Disease, and all of our laboratories. Dr. Marrie currently has assumed responsibility for Anaerobic Bacteriology and Antibiotic Assay in addition to his hospital responsibilities.

The resident training program has flourished under the able direction of Dr. Haldane and our Microbiology Infectious Disease Seminar series has proven very popular.

For the benefit of our regional hospitals and laboratories, the Department undertook this year a major Refresher Course in Microbiologic Technology. The course was fully subscribed and the Central Laboratory achieved a better understanding of the problems in the regions as well as providing a better technical base for the technologists when they returned to their laboratories. We intend, as part of our Central Lab. function, to continue these exchanges in the future as frequently as the need is perceived.

We have been engaged in two major public health problems during the year, both of which have become continuing projects.

The contamination of the Pockwock water supply and an examination of the efficacy of the virus vaccine program of the province have both consumed considerable amounts of laboratory effort. Data is still accumulating in these projects.

This year we have prepared a laboratory manual for distribution to the laboratories in the province. We hope this will provide a source for method standardization within the microbiology laboratory services in Nova Scotia.

The general routine laboratory work of the Department has increased by 3.5 per cent based on the number of specimens received. This increase is very moderate compared to some of the previous annual increases. In 1976 for example, the increase was 14.7 per cent. In the past year almost all of the increase can be accounted for by increases in clinical and sanitary bacteriology with some minor increases in other bacteriology sections. Decreases were most notable in Electron Microscopy, Virology, and Enteric Bacteriology, while other sections remained with a stable specimen load.

During the 15-month period, January 1, 1977 to March 31, 1978, a total of 257,689 specimens were processed by the various laboratories sections as follows:

Total Number of Specimens

Section	1976	15 mos. period ending Mar. 31-78
Virology	29,347	35,337
Clinical Bacteriology	52,513	65,148
Clinical Immunology	46,338	58,403
Sanitary Bacteriology	36,146	47,053
Enteric	4,545	4,855
G.C.	14,339	16,410
C.S.F.	1,260	1,859
Parasitology	1,463	1,698
Respiratory	12,502	16,925
Phage	2,894	4,052
Mycology	2,838	4,896
Electron Microscopy	1,121	1,080
TOTAL	205,306	257,689

DEPARTMENT OF NEUROSURGERY

The Department of Neurosurgery has continued to handle a large volume of clinical neurosurgery while maintaining its academic role. Procedures

for the year 1977 totalled 2,090, of which 1,031 were major operative procedures. Admissions to the Department toalled 918. A total of 2,072 consultations were carried out, 1,937 of which were in the Emergency Department and 135 in clinical areas in the Hospital.

Because of the shortage of beds and an increasing volume of neurosurgery, patients have been admitted to the Halifax Civic Hospital - totalling 831 in 1977. These patients are admitted to the Civic Hospital and have their neurosurgical diagnostic procedures carried out on an out-patient basis at the Victoria General Hospital and when surgery is indicated these patients are operated on in the Victoria General Hospital and returned to the Halifax Civic Hospital following recovery, usually on the same day. In 1977 there were 550 major operative procedures performed on patients from the Halifax Civic Hospital.

Staff Changes

Doctor R. Holness joined the Attending Staff of the Department in July 1977, bringing the total number of Neurosurgeons to four. Doctor H. Malik resigned during the year to return to Pakistan to practice neurosurgery in that country. Doctor W. Gittens and Doctor A. Jain completed their residency training, Doctor Gittens remaining as a teaching fellow in the Department and Doctor Jain leaving for California to practice.

The attending staff continued their active role in conjunction with the division of Continuing Medical Education at Dalhousie, as well as the active teaching program in the Hospital both for under graduate and graduate training.

The neurosurgical nursing staff played a prominent role in the activities of the Canadian Neurological - Neurosurgical Nurses Association. A one day seminar was held in the Victoria General Hospital for nurses in regional areas from the Maritime Provinces and was well attended. The attending medical staff played an active role in the support of this organization and in the upgrading of the surgical education of the nursing staff.

DEPARTMENT OF NURSING SERVICES

The Department of Nursing Services, as an integral part of the Victoria General Hospital, can divide its accomplishments during the past 15 months under the three main objectives of the Hospital, that is: quality

service to patients, education of health-related personnel and research in health and patient care.

Quality Service

In a concerted effort to evaluate the quality of nursing care being given to patients, an on-going program of quality assurance was begun in 1976 and is continuing on schedule with programs of development for all levels of staff. We have many testimonial indications of the good quality of care being provided by Nursing Services; however, we are attempting to measure this quality, as are other nursing departments across the country.

The top management nursing team have reorganized their responsibilities during this period to more closely align administrative matters with an opportunity for continuity of patient care in the Hospital. The Assistant Directors of Nursing have each been given responsibility for areas which would result in some continuity of care to patients as they would move throughout various stages of their care in our Hospital.

There have been a few changes in the senior nursing management during the 15-month period. Early in 1977, Miss Karen McBeath joined Nursing Management as an Assistant Director of Nursing responsible for Surgical areas. During the year, resignations and retirement among the Administrative Supervisors resulted in the appointment of Mrs. Shirley Wall and Mrs. Pat Miller to Administrative Supervisors positions.

A fire in Cape Breton last year resulted in a number of burned patients being transferred to our Burn Unit at one time. Our experience helped us realize the need for greater flexibility to add staff who had some background and preparation in specialty areas. A specific orientation program of four weeks was developed for the Burn Unit, and staff from other surgical areas were introduced to the specific needs of patients in the Burn Unit. These staff members will be available to augment the smaller staff in the case of future disasters.

Considerable time was spent in patient-centered conferences, involving Miss Norma Wylie, our Nursing Consultant, who is acting on joint appointment between the Victoria General Hospital and Dalhousie University. Her area of expertise has been in assisting staff, patients and families in identifying and dealing with needs in relation to death and dying patients. The impetus of her involvement with the staff has resulted in patient-centered conferences in many of our nursing units.

Nursing Services has recognized a responsibility for health-related endeavours beyond the walls of the Hospital during the past year. Some of these efforts have been evident in the sponsorship of blood donor clinics, by having as guests to the monthly nursing forum meetings a variety of health-related community guests, and were evident in the variety of education days, sponsored by the Nurses Association members who are on staff in the Hospital and by our Continuing Education Department.

As the recognized tertiary care hospital for the Maritimes, the Victoria General Hospital has many patients requiring complex medical and nursing attention. The demand for this level of care has been increasing over the past few years, and we have been fortunate to have newly-renovated and expanded areas available for heart patients in our Coronary Care Unit and the Cardiovascular Intensive Care Unit.

As an adjunct to the many complex activities which are the responsibility of Nursing in this tertiary care hospital, we have two manuals to assist new and unfamiliar staff with the standard routine. During this past year it has been decided to combine and up-date the policy and procedure manuals into one more-readily-usable manual. The committee which is working on this is comprised of nursing staff from across the whole department. Their task will be on-going for several years. We endeavour, through many committee activities geared to planning for immediate and long-term programs, to represent the viewpoint of nursing professionals and the patients we serve. A specific example of this work is the nursing input into the committee looking at a hospice service in this hospital. The hospice concept has recently received approval to develop a core of volunteers, who will assist dying patients and their relatives.

The above activities, which we believe contribute to the quality of services Nursing provides to patients, have been overshadowed by the major concern of how to determine an appropriate number of nurses to provide the care that is required by patients when they enter the Victoria General Hospital. As a result of many meetings, a task force was established in the early spring of 1978, with nursing representation from the Hospital, the Health Department and a third noted expert in nursing. Their task was to determine criteria which could be applied to the development of a nursing complement.

Education

Our Continuing Education Department provides a variety of programs to assist the personnel of Nursing Services to maintain their knowledge and

expertise, as well as to keep us all abreast of current trends and developments. They are also involved in specialty programs, such as the provincally-recognized Critical Care Nursing Program and the Operating Room Technicians Course.

We take pride in our nursing personnel who initiate continuing education at the university level and at planned workshops, and who assist the nurses in their continuing education.

There are many and varied learners from our own School of Nursing, the Schools of Nursing within the city, and the Maritime region, as well as learners from other health fields receiving clinical experience on our nursing units. The exceptional amount of co-ordination and clinical guidance involved with these students has been well handled by our head nurses and their staff.

Research

An area of pride and exceptional development within this past year has been our increased activities in the areas of nursing research. A nursing Department-wide committee to evaluate requests for nursing research, as that research would affect our nursing staff and our patients, has been formed during the past year and has reviewed many requests. The majority of our research has been orientated to patients needs and identifying improved ways of meeting these needs.

Emergency Department

During the 15-month period ending March 31, 1978, there were 62,779 visits treated by the Department, of which 9,173 were admitted.

Total number of ambulance calls was 6,867. These statistics represent a considerable increase in visits as compared to the corresponding period in previous years.

On July 1, 1978, the emergency-room-physician staffing was increased by three. All physicians rotated through the Halifax Infirmary and Victoria General Hospital emergency Departments. This latter rotation physicians' staff was a pilot project study and administered by Dr. William M. MacRae, Co-ordinator, Emergency Service, and will be evaluated.

During 1977, two very successful ambulance driver attendant courses were held.

During the exercise of the Hospital disaster plan in June, 1977, the Emergency Department staff functioned very efficiently.

In addition, two of the department's nursing staff attended the Critical Care Nursing Program and, upon completion, contributed a great deal to the improved efficiency of the operations of the Department.

Operating Room

During the year 1977 there were a total of 23,323 surgical procedures performed and 5,890 procedures for the period January to March, 1978, which totaled 29,113 procedures for the 15-month period ending March 31, 1978. The increase in the number of open heart and trauma cases requiring micro-surgery has escalated the number of operating room hours.

Nine student nurses elected to spend one month in the O.R., seven of whom returned following graduation.

Students from such areas as nursing, physiotherapy, etc., observed their patients' surgery, enabling them to close the gap between pre and post operative patient care.

Margie Barrow, B.N., was appointed Instructor and Educational Co-ordinator for the Operating Room.

Staff had the opportunity to keep abreast of the ever-changing procedures and equipment by attending in-service lectures and demonstrations in the use and maintenance of new equipment.

Some nurses were granted the opportunity to attend seminars in other cities.

Good rapport has been maintained between surgical and nursing staff, with emphasis being placed on quality care for our patients.

SCHOOL OF NURSING

One hundred and seven students (103 female, 4 males) enrolled in the program during 1977, for a total student enrollent of 220.

Ninety-six graduated from the School of Nursing in September, 1977 and 82 per cent were successful in the first writing of the national registration examinations.

Eleven faculty members resigned during the year; and eight new appointments to staff were approved. Two faculty members attended university full time to further their education. Ten instructors were sponsored to attend continuing education seminars; and three workshops were organized and conducted for all faculty members within the department.

The position of Secretary-Registrar was finalized and Mrs. Margaret Forrest was appointed to fill this role.

Jean Magee, Director, was appointed for a two-year term to the Canadian Nurses' National Testing Blueprint Committee. Several faculty members served on appraisal and item-writing committees for the Testing Service.

Faculty from three other provincial Schools of Nursing visited the School during the year to review our curriculum. Two post R.N. degree students from Dalhousie University spent a six-week teaching elective with the first-year instructors.

Major curriculum work was begun in 1977, and a steering committee was formed to guide and monitor other ad hoc committees of faculty in the formulation of a conceptual framework for the two year program. Mrs. Elizabeth Lamond, Assistant Director, filled the role of Curriculum Co-ordinator, and chaired the steering committee.

The major accomplishment by the steering committee was the completion and implementation of levelled objectives for the total two years of the program.

A proposed conceptual framework for curriculum is at present being developed by the steering committee and should be ready for presentation to faculty within the next few months.

A questionnaire was sent to all graduates of the class of 1977, following three months employment. Eighty-five per cent of these were returned completed. From the data collected, it would appear that curriculum changes made in the second year of the program assisted the student in adapting to her role as a graduate. Changes made were primarily in the area of team-leading responsibilities.

Nursing Service representatives from the I.W.K. Hospital for Children, Grace Maternity Hospital and the V.G. Hospital have been

active members of the School of Nursing's Curriculum Committee during the past year. Plus, faculty members have been active on several nursing service and R.N.A.N.S. committees. This sharing of knowledge and experience has proved beneficial to all concerned.

DEPARTMENT OF OPHTHALMOLOGY

During the past year, Dr. Michael Ramsey continued as Acting Head of the Department while the search continued for a permanent Head. Dr. R.F. Hand retired from Active Staff on June 30, 1977 and was appointed to the Consulting Staff. Dr. Hand's many years of service to the Department and Hospital are much appreciated. Fortunately, he continued to serve the community from his office in the city.

The residency program in the hospital has continued as part of the integrated hospital program under the supervision of the University. Department of Ophthalmology. Exposure of the medical students to clinical ophthalmology in the outpatient department has been limited in the past year due to the changeover from the teaching of 3rd year students to clinical clerks.

Pending the possible relocation of the Department, the Hospital felt it advisable, for the time being, not to purchase new, or replace fixed, equipment.

During the year some 5,283 patient visits were made to the Outpatient Eye Clinic.

DEPARTMENT OF ORAL SURGERY

During the 15-month period from January 1, 1977 to March 31, 1978, the Department treated 7,453 patients, involving the performing of some 18,891 procedures.

There was no change in the staff complement, which includes four oral surgeons with an auxiliary staff of one registered nurse, two C.N.A.'s and two clerical workers.

Despite the shortage of space and very cramped working conditions, the Department was still able to maintain its role in providing an approved post-graduate resident training program.

In the research activities, the two following projects were carried out during 1977:

1. The Effects of Succinylcholine Chloride and Sodium Pentothal on the rest position of the mandible. Dr. T.V. Disney.

2. Limiting influences of the supra-hydroid muscles on mandibular advancement. Dr. P.L. Cyr.

No major plans for change are foreseen; such changes that are required can only be accommodated when new ambulatory care facilities are made available.

DEPARTMENT OF OTOLARYNGOLOGY

After the opening of the Dalhousie School of Human Communication Disorders, in the summer of 1976, and the appointment of its Director, Dr. Michael Webster, to our staff as Associate Professor for Speech Pathology, a cross-appointment was extended to the Department Head to the Faculty of Health Professions. Thus Doctor Novotny became an Associate Professor in the School of Human Communication Disorders as of May 1, 1977. This allows for welcome ties between the faculties and co-operation in lecture programs and research.

Another appointment was granted as of January 1, 1978, opening a new era for the Department of Otolaryngology in the field of research. An internationally-renowned scientist, Dr. David Regan, was appointed an Associate Professor for Research. With his highest degree of Doctor of Science and Ph.D. in Psychology, Doctor Regan is now a Professor in the Department of Psychology, in the Faculty of Graduate Studies.

Doctor Novotny also received a cross-appointment as Research Associate into Doctor Regan's Department to allow for closer co-operation under a Medical Research Council grant which will involve several departments. Dr. Y.K. Wong was given the same honour.

Dr. Y.K. Wong assumed the position of Teaching Fellow as of July 1, 1977 upon completion of his Residency. In the fall of 1977, he successfully passed the Canadian examinations to receive his F.R.C.S.(C).

As of January, 1978, Doctor C.C. Cron became fully associated with the Dartmouth Medical Centre as a consultant in Otolaryngology.

Dr. G. Mencher departed in December, 1977 for a six-month study leave which, in fact, was an educational exchange arrangement with Israel.

Dr. M. Webster was appointed President-Elect of the Canadian Speech and Hearing Association.

Dr. J.D. Donaldson, on completion of his training, departed for the University of Pittsburgh, also to take a position of Teaching Fellow.

On July 1, 1977, two new residents enrolled into the program: Dr. D.A. Doty, who just left the Canadian Armed Forces, and Dr. B. Chutskoff who continues his training under the auspices of the military - a departmental first. A rotation through the Department of one interne per month has been maintained.

ACADEMIC ACTIVITIES

The staff were very active carrying out responsibilities involving lectures to the third year students and the Resident staff, as well as conducting weekly grand rounds.

OUTPATIENT DEPARTMENT

During the 15-month period, January 1, 1977 to March 31, 1978 there was a total of 58,532 visits; 53,784 clinic patient visits and 4,748 private patient visits.

This involved, in total, 722,933 patients, of which 8,373 were new clinic patients, 11,218 return clinic patients and 3,342 private patients. During the same period 1,324 were referred for admission to the hospital.

Two new clinics - Sports Medicine and Clinical Pharmacology - were added during 1977. As well, the busier clinics - Orthopaedic Surgery, Plastic Surgery and Cardiovascular Surgery - each added another session per week to their schedule, resulting in a better service to the patients. Kidney Transplant Follow-up has become extremely busy, with 26 new patients in 1977, in contrast to 10 in 1976. Return visits have increased in proportion and many phone calls keep the clinic staff in touch with patients elsewhere in Nova Scotia and in Prince Edward Island.

Musculoskeletal Clinic moved to the Nova Scotia Rehabilitation Center when the new building was opened in July. On March 21, 1978, the Psychiatry Clinic was transferred to the Abbie J. Lane Memorial Hospital. Following this, Diabetes Day Care moved to larger quarters in the former Psychiatry area, and anticipates expanding the program to provide improved teaching for the diabetic patient.

DEPARTMENT OF PATHOLOGY

The Department of Pathology comprises three major service divisions: Anatomical Pathology, Clinical Chemistry, and Hematology, plus smaller Cytopathology and Administration sections. The Department functions as a central provincial laboratory facility as well as a major hospital laboratory and it is responsible for the following programs:

(1) Comprehensive medical laboratory services to the Victoria General Hospital.

(2) Blood Bank - cross match services to all Halifax hospitals except the Halifax Infirmary.

(3) Blood (etc.) specimen collection and testing service for ambulant patients referred by physicians throughout the province.

(4) Specialized laboratory services (notably Cytopathology and Hormone Chemistry) to all hospitals and physicians throughout the province.

(5) Consultative and reference services to regional hospitals and laboratory directors throughout the province, including supervision and standardization of quality control programs sponsored by the Health Services and Insurance Commission.

(6) Laboratory services to programs of other government departments: Department of Health, Department of the Environment, Attorney General's Deparment.

(7) Resident training in laboratory medicine to physicians proceeding to specialize in these or in other medical disciplines.

(8) Specialized training in medical laboratory technology at both the undergraduate (pre - R.T.) and the graduate (A.R.T. and L.C.S.L.T.) levels.

Research and development, seeking more efficient methods to cope with the ever-increasing demands and rising costs to provide medical laboratory services is continuously being studied by all of the divisions.

For the first time since the establishment of the program some 15 years ago, the number of pap smears examined did not increase. Non-

gynecological cytology examinations increased by 5 per cent.

Plans for the development of a centralized cytology registry for the Province of Nova Scotia have proceeded steadily with the equipment for data acquisition being installed.

The demands for the department's services are still on the increase.

The professional and para-medical staff attended and participated in many conferences at both the national and local level. In addition, both the professional and technical staff were considerably involved in method development in research, instrument evaluations, as well as carrying out evaluations of certain reagents used in the laboratories.

WORKLOAD SUMMARY [Number of Cases or Tests]
January 1, 1977 - March 31, 1978

Anatomic Pathology -	Surgical Pathology	26,055 cases
	- Autopsies	521 cases
	- O.R. Frozen Sections	944 cases
Clinical Chemistry -		2,131,242 tests
Hematology -		676,434 tests
Cytology -		92,160 cases

PHARMACY

Presciptions to bedpatients	106,250	
Prescriptions to outpatients	25,358	
Sterile irrigating solutions	900	litres
Topical preparations - ointments	1,850	Kg
- creams	525	Kg
- lotions	80	Kg
Specialties - powders	250	Pkgs.
Profusion solutions	514	
Hyperalimentation	9,628	
Computerized stock items in stock room	1,594	

Pharmacy Service Activities

In September, 1977, the Hospital Doctors Order Form was changed. The new form took the place of two order forms previously used - the Doctors Blue Order Sheet, and the Drug Order Form. With the new order form all doctors orders are written on one sheet.

The Rotating Quota Prescription Ward Stock System is being maintained on 32 of the 39 Nursing Units. The self medication program begun on 4 West in 1976 has continued satisfactorily.

Narcotic supply to all units has progressed smoothly. There was a satisfactory inspection by the Narcotics Control Officer on January 23.

In August, the new drug manual was circulated to all nursing units. This manual had been several months in preparation. It gives very concise advice to nurses, doctors and internes on the drugs approved by the Pharmacy and Therapeutics Committee for use in the Victoria General Hospital.

Investigational drug programs are a continuous function of the Pharmacy Service. There have been at least 10 fairly extensive investigational programs carried on in 1977. This research work is increasing monthly, and proves to be time consuming. The antibiotic, Amikasin, on which extensive investigational work was done in this hospital, is now used as a restricted antibiotic in the hospital.

The preparation of total parenteral nutrition fluids requires a great deal of time and effort from Pharmacy personnel. In 1977, a total of 200 patients received the treatment in the hospital. The average duration of treatment was 12 days.

Information and Educational Programs

"Pharmafacts", the hospital Pharmacy Information Bulletin, has been published monthly during the year. It has been very well accepted under the new format. We have made an effort to supply concise practical information with current drug information.

Pharmacy has participated with the College of Pharmacy in extensive student instruction in the practice of hospital pharmacy.

Continuing Staff Education

Pharmacy staff have taken advantage of several professional upgrading programs. Kathleen Kinley, Director of Pharmacy, attended a three-day Professional Practises program in Toronto in February. Cameron Shearer, Clinical Pharmacist, attended the American Professional Practises Program in Atlanta, Georgia. In October, James Ferguson, Philip Wong, Judy Morash and Susan Ashe had partial attendance at a three-day

upgrading program sponsored by C.S.H.P., N.S.P.S. and the College of Pharmacy. In June, James Ferguson attended a management course sponsored by the N.S. Civil Service Commission. In February, 1978, Cameron Shearer, James Ferguson and Philip Wong attended, and participated in, the program of a one-day seminar sponsored by C.S.H.P. at the Holiday Inn.

Cameron Shearer, Pharm. D., who has a joint appointment with the University, has continued his work in clinical pharmacy with the Department of Medicine. Mainly, his work has been with hematology patients. He has, however, given considerable time to other areas in the medical service, particularly in the education field with nurses and internes.

PLANT ENGINEERING DEPARTMENT

Work on planning and scheduling for the preventive maintenance program progressed during the year. It is estimated 60 per cent of this work has been completed.

A total of 7,200 work orders were processed during the year. Consumption of electrical power and water showed a slight decrease, while steam production and use of oil on the boiler plant showed a slight increase, mostly due to providing steam to the Nova Scotia Rehabilitation Hospital.

During the year, eight employees had retired, resigned or transferred and 12 employees were taken on strength. Four positions which were vacant at the beginning of the year were filled. A foreman for the Instrument Control Shop was hired. All journeymen positions within the Plant Engineering Department are now filled.

A more comprehensive Ambulance Specification was drawn up during the year in co-operation with Emergency Department personnel.

There were numerous alterations, additions, renovations and major repairs carried out to the physical plant. The more significant of these were:

(a) A replacement dishwasher for the kitchen dishroom in the Victoria Building.

(b) Relocated the post office.

(c) Most of the large hot and cold water lines in the Victoria Building basement were replaced.

(d) Dust removal equipment installed in the carpenter shops.

(e) Relocated the School of Respiratory Technology to the Third floor, Pavilion.

(f) A large autoclave was installed in the Dr. D.J. Mackenzie Laboratories and Diagnostic Center Building.

DEPARTMENT OF PREVENTIVE MEDICINE

During 1977 the Department of Preventive Medicine continued the immunization program for all employees. Members of the Department were also active on the Infections Control Committee and continued to support the development of an improved infections control program for the hospital.

A total of 574 cases of patients with communicable diseases were reported to Medical Officers of Health and family physicians by the Department of Preventive Medicine. It will be noted that 48 cases of hepatitis were reported during 1977, which is an increase of 37 over the 11 cases reported in 1976. In addition, the number of reported cases of gonorrhoea increased from 118 to 168 in 1977.

Copies of all chest X-ray reports are received by the Department, and any that mention the possibility of new or old tuberculosis are forwarded to the Medical Officer of Health for his information and any necessary follow-up. The processing of these reports provides a back stop to assure that all cases of active tuberculosis are dealt with promptly and also serves to inform the staff of the Department about a case which may be a source of infection to other patients and staff. Some 43,922 chest X-ray reports were received by the Department; this is a 12 per cent increase over last year and 33 per cent increase over 1975. Many of these chest X-rays are done as part of the routine admission chest X-ray program, which requires that all patients, age 40 or more, have chest X-rays. The main purpose of this admission chest X-ray program is to detect cases of infectious pulmonary tuberculosis early, in order to protect other patients and staff.

The number of immunization procedures given declined from 6,693 in the previous year to 5,437, with approximately the same number of staff attending the clinics. This decline is almost entirely due to discontinuing smallpox vaccination in 1977.

The staff of the Department continued to be actively involved with various hospital committees.

DEPARTMENT OF PSYCHIATRY

The most outstanding event of the year was the affiliation agreement between the Abbie Lane Hospital and Dalhousie University and the move of the psychiatry outpatient department from the Victoria General Hospital to the Abbie Lane Hospital in March, 1978. This move was planned for many years and finally took place after careful groundwork with surprisingly little difficulty. The major disadvantage of the move is that a large teaching hospital will not have its own psychiatry outpatient department and there will be more separation of psychiatry and medicine than is desirable.

There will be a very close integration of the new Lane outpatient department and the Department of Psychiatry, Victoria General Hospital, particularly the emergency room.

The affiliation of the Lane Hospital with Dalhousie and its new role in Halifax will have some effects on the Victoria General Hospital other than the transfer of the outpatient department. There should be an increased availability of patients at the Lane for teaching with easing of the pressure on the Victoria General Hospital. In addition, it is hoped that the metro mental health facilities will improve and that the role of each facility in the area will become more clear.

The proposed changes in the role of Camp Hill Hospital may affect psychiatry in the Victoria General Hospital in several ways. If the unit in Camp Hill is closed down, there will be a reduced number of general hospital psychiatry inpatients, which will adversely affect psychiatry care in the Halifax area and in the province generally. It must be stressed again that the reasons given in last year's annual report, and mentioned repeatedly at various meetings, as to why each major general hospital should have an active department of psychiatry with an inpatient unit and consultation service still apply and will continue to do so indefinitely.

The number of general hospital psychiatry beds needed in the Halifax area, or for that matter in any area, should be assessed at regular intervals. Various changes, for example, improved ambulatory care services might lower the number of general hospital beds needed. In addition, improved facilities elsewhere in the province, particularly with the opening of new inpatient beds elsewhere, might reduce the number of referrals to the general hospitals in Halifax.

The very active teaching program for undergraduate medical students, interns, and residents has continued. The shortage of patients for teaching has already been mentioned and it is hoped that this will be gradually alleviated.

Members of the department took an active role in various teaching programs associated with Dalhousie University in continuing medical education, for example, and various refresher courses for family physicians, and in various symposia locally and elsewhere.

There has been an increase in the use of behaviour therapy, particularly desensitization, which usually involves the physician, OT worker, nurse and often the psychologist. Behaviour therapy should increase and will do so as soon as trained staff are available.

The staff shortage in occupational therapy has continued with only one full-time and one part-time therapist.

The study of suicides in Halifax County by Dr. S. Hirsch, and Mrs. Margaret Wells, R.N., has continued and interesting data emerges. Regular publications have reported progress in this area of research.

A regular liaison service has begun with the Department of Psychiatry Consultation Service and the medical and nursing staff of the medical intensive care unit. This has been found to be very valuable in other hospitals and it is hoped that the liaison portion of the department of psychiatry's work with other services will gradually increase.

Dr. R.O. Jones received the Queen's Jubilee Medal in 1977 for distinguished service in the field of psychiatry. He has been a valuable member of the department for many years and was largely responsible for the development of the department into its present status.

DEPARTMENT OF RADIATION ONCOLOGY

The Head of the Department, R.M. Cunningham, M.D., F.R.C.P.(C), resigned in 1977 and a search has been undertaken to find a replacement. In the interim, Dr. Cunningham has been carrying on as Acting Head.

The following statistics summarize the services rendered over the 15-month period ending March 31, 1978:

New Patient Registered:		1,451
Out Patients Reviewed, Not Treated:		1,242
No. of Patients Starting Treatment:		
Malignant - New		912
- Return		554
	Subtotal	1,466
Benign - New		386
- Return		51
	Subtotal	437
	Total	1,903
Total No. of Patients Treatment Visits:		15,826
Total No. of Treatments Given:		33,552
Treatment Breakdown by Modality:		
Cobalt - 60		29,95[illegible]
X-Ray		3,324
Cesium Insertions		143
Cesium Implants		7
Gold Seed Implants		26
Strontium 90		45
Iodine - 131		48
Phosphorus - 32		2

SOCIAL SERVICE DEPARTMENT

During the 15-month period beginning January 1, 1977, requests for service to patients and consultation service to health care staff in the area of patient management have continued to increase. We have been pleased to participate in the on-going continuing education programs for nursing personnel and to have the opportunity to interpret the social service delivery systems to new nursing staff during their orientation period.

This area of education is one of interest to our social workers and one in which there is considerable cross fertilization among the members of our hospital health care teams.

During the period, our staff participated in 495 education sessions involving medical students, nursing units and continuing education programs, clinical pastoral care students, community groups and health care team panels and seminars.

Although the increased demands for the department services have resulted in staff having to extend themselves beyond a normal workload situation, they have, nonetheless, attempted to provide quality service for

patients, as well as to deal with the counseling required and implementing appropriate management plans on discharge of the patient.

Patient teaching groups continue to function on a regular basis, usually once a week. The teaching group with rheumatology patients and/or their relatives continue to focus on helping patients understand their illness, disability and to learn new ways, attitudinally and practically, to deal with their illness and its restrictions as well as to participate in their rehabilitation planning.

We have been pleased to welcome other members of the health care team as participants in the groups. Of special note has been the contribution of physiotherapists, occupational therapists, dietitians and resident house staff.

As usual, we have provided counseling to a few members of the Victoria General Hospital staff. These staff members have required help with problems related to their functioning on the job or with problems at home which resulted in absenteeism or excessive use of sick leave. It appears that his was helpful to the individual, as well as resulting in improved performance on the job.

STERILE SUPPLY SERVICE

The department continues to maintain 24-hour service, three eight-hour shifts daily.

The medical surgical supply quota system appears to be functioning well with very few problems reported by nursing units. It has been suggested that quotas appear high in some nursing units, requiring a large inventory. Attempts have been made to encourage lower quotas where possible, without much success. We feel that the initiative must be taken by Nursing Service to decide what the requirements are for nursing units.

A computer report of medical-surgical supplies issued is available from Inventory Control office upon request.

Responsibility for processing of sterile supplies for the Nova Scotia Rehabilitation Centre was begun July 1, 1977. This operation is running smoothly with few problems.

The statistical report shows that 1,538 sterilizer loads of supplies more than last year were processed by the department, indicating a considerable increase in service demanded.

Telephone calls for service during the year totalled 34,743; an average of 95 calls per day.

DEPARTMENT OF SURGERY

The Department of Surgery, in general, continued its usual programs in clinical care of patients, teaching and research. We continue to have rather long waiting lists for the admission of patients. This is notable in all areas or sections of the Department of Surgery, but is more marked in the specialties of Orthopaedics, Cardiovascular Surgery, and Plastic Surgery.

The implementation of the new beds allocation system improved the utilization of the operating rooms which, in general, contributed to the smooth running of the Department of Surgery.

Due to the chronic shortages of surgical beds, many of the surgical procedures had to be carried out in out-patients or day surgery procedure routine.

In general, the Department of Surgery has continued its active clinical role, in community surgery, in functioning as a referral hospital for the province and carrying out clinically-related research.

Efforts have been made through administration and administrative committees to improve the utilization of surgical beds in the City of Halifax by allocating emergency patients to both the Halifax Infirmary and Camp Hill Hospital.

During the year, the post-operative recovery room and Intensive Care Unit for Cardiovascular patients were enlarged, renovated and put into service. This latter unit has become a very valuable adjunct to the extremely busy Cardiovascular Surgical Service.

The Surgical Intensive Care Unit on the 3rd. Floor (3A) has been revamped and all monitoring equipment and patient care facilities have been replaced or renewed and brought up to the highest standard. The Unit now is staffed on a 24-hour a day basis by highly-experienced staffmen from the Department of Anesthesia and from the Department of Surgery.

Transplant Unit

During the year, an increasing number of renal transplants were carried out. Negotiations were begun by a Committee of the Heads of Urology.

Medicine and Surgery. This has resulted in the agreement by the Administration that the ultra-clean area on 8 Victoria should be utilized in the future as a Transplant Unit. It is expected that, in the beginning, this will be almost entirely related to renal transplant patients, but there is the future possibility that transplantation of other organs, such as liver transplants, may occur.

A. Clinical Services

In general, clinical services to patients of the Department of Surgery have remained at a level similar to preceding years. Through various Departmental presentations, we have been able to determine that our mortality and morbidity rate for many different types of lesions compared favourably with national standards and, in some instances, seem to be better than the usual reported figures. There continues to be a marked increase in the number of open heart procedures being carried out. In 1977, a total of 238 open heart procedures were completed, and it is anticipated that in 1978 this will increase to perhaps the 300 level. This increase does cause some difficulties with bed space for these patients and there has also been some problem with adequate House Staff. The Burn Unit of the Section of Plastic and Rehabilitation Surgery continues to be one of the most useful units of our Department.

Out-patient surgery continued on a high level, and it is hoped that further, more adequate arrangements can be carried out for these patients. In 1977, there were 7,816 operations carried out, and 4,637 out-patient procedures carried out.

B. Teaching and Education

The Victoria General Hospital has continued to be one of the major teaching hospitals of the Department of Surgery . It is a pleasure to be able to report that, in National Examinations, the results of examinations in surgery have shown that Dalhousie students in the undergraduate years rank third in Canada. It is also a pleasure to report that we have continued to maintain a very high pass rate in the Royal College Examinations for Surgical Specialists.

C. Continuing Medical Education

The Department of Surgery of Dalhousie University continues to take part in the continuing education of the practitioners of the province. In addition to this, each year we present a two-day refresher course for surgeons and surgical specialists.

Research

A large number of research projects were begun and completed during this year. An outline of some of these projects is appended as a separate list.

In summary, the year continued to be a busy year in the Department of Surgery. With the opening of the new Cardiovascular Surgical Recovery Unit, the refurbishing and improvement in staffing of the Surgical Intensive Care Unit, the initiation of the ultra-clean transplant unit, the increase in the number of cardiac procedures carried out, and the general good record in morbidity and mortality statistics and the good record in teaching, education and research all helped to make it a successful year for the Department.

V.O.N. LIAISON PROGRAM

During the period January 1, 1977 to March 31, 1978, there were 1,278 hospital patients referred to us and 350 clinic cases followed up. In addition, we carried out a total of 4,083 interviews and cases reviewed.

Our staff continued to attend staff meetings and in-services at the Halifax Branch office on a monthly basis.

We continued giving orientation programs to the nursing students, new staff members of the V.O.N., as well as the V.G.H. Nursing staff.

DEPARTMENT OF VOLUNTEER SERVICES

A report on standards to facilitate mobility and safety for wheelchair patients was presented during the year with suggestions for improvements. Action has been taken on some and follow-up will be made periodically to expedite others.

Monthly meetings are held in various health care institutions in the Halifax-Dartmouth area with directors of volunteers. This liaison is helpful in keeping abreast of change. This exchange of ideas keeps our departments progressive. A formal association is to be formed within the new year, 1978.

Attendance in Ottawa, along with other directors of volunteers from the Metro area at the national level of volunteering, by the Supervisor, in

October, was a constructive step in keeping abreast of developments in the field.

General appearance, including working T.V.'s, presentable furnishing, drapes, etc., is continually checked. New books, magazines and puzzles are stocked and replenished as necessary for the comfort of patients and visitors in the patient solaria throughout the hospital.

Donations, of thousands of new and used magazines and books, were accepted and distributed in clinic areas.

Participation continues in the work-study programs of the Halifax-Dartmouth high schools and recruiting contact is made through guidance counselors in high schools and universities.

Our ongoing programs continue to be asked for, and develop as needs arise.

The special patient service, whereby patients can speak via amateur radio to their homes, at no charge to them, continues to be a popular service. Although offered for the Maritimes only, we have been successful in placing calls to northern Quebec as well as parts of Ontario. Arrangements coordinated in the hospital are carried out by the Armdale-Fairview-Rockingham Lions Club.

ANALYSIS OF HOSPITAL SERVICES
Year 1977 & Jan. - March 1978 Incl.

Service	Male	Female	Total	Total Deaths*	Death Rate	No. of Autopsies	Autopsy Rate	Patients Receiving Consults	Consult Rate	Total Days	Avg. Days
Medicine	3551	3035	6586	491	13.8%	142	28.9%	2279	34.6%	104894	15.9
Radiotherapy	12	13	25	2	8.0%	1	50.0%	9	36.0%	245	9.8
Psychiatry	136	348	484	0	-	0	-	202	41.7%	13124	27.1
General Surgery	46	83	129	2	1.6%	1	50.0%	47	36.4%	1780	13.8
Surgery A-D Incl.	2309	2835	5144	245	4.8%	59	24.1%	1330	25.9%	62888	12.2
Cardiovascular Surgery	709	405	1114	57	5.1%	6	10.5%	294	26.4%	18622	16.7
Orthopedics	1138	1104	2242	15	.7%	2	13.3%	410	18.3%	29442	13.1
Plastic Surgery	524	438	962	17	1.8%	7	41.2%	163	16.9%	13542	14.1
Urology	1347	393	1740	35	2.0%	11	31.4%	478	27.5%	22377	12.9
Neurosurgery	644	443	1087	79	7.3%	36	45.6%	408	37.5%	18303	16.8
Oral Surgery	99	123	222	0	-	0	-	30	13.5%	919	4.1
Otorhinolaryngology	457	393	850	7	.8%	1	14.3%	169	19.9%	5568	6.6
Ophthamology	270	312	582	0	-	0	-	168	28.9%	4841	8.3
Gynecology	0	2593	2593	18	.7%	4	22.2%	434	16.7%	18252	7.0
Newborn	1	1	2	0	-	0	-	0	-	2	1.0
Grand Total	11243	12519	23762	968	4.1%	270	27.9%	6421	27.0%	314799	13.2

* Of these 968 Deaths, 138 Deaths were under 2 Days Stay in Hosp.

Prepared By: Medical Record Department
Source: P.A.S. Annual 1977 & Monthly Jan.-Mar. 1978 Discharge Analysis A Reports
Date: June 1, 1978